



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE 2	Inspection Date: 12/13/16		ESTABLISHMENT NAME: SAGAN FINA' NA' GUEN FINO' CHAMORU DAY CARE	
Regular	<input checked="" type="checkbox"/>		Time In/Out: 10:35 11:30		OWNER/OPERATOR: SAGAN FINA' NA' GUEN FINO' CHAMORU	
Follow-Up	<input type="checkbox"/>	RATING A	Sanitary Permit No.: 20000-160002112		LOCATION: DREDO	Establishment Type: CLC/NURSERY
Complaint	<input type="checkbox"/>					
Investigation	<input type="checkbox"/>					
Other:	<input type="checkbox"/>		PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired			
No. of Children: 9 Male 19 Female 28 Total			Child Care License: No.: 13352 / <input checked="" type="checkbox"/> Valid / / Provisional / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 7/11/16 (1,A)		
	THE FOLLOWING WAS OBSERVED:		
#17	SINK IN RESTROOM NEAR PRE-1K CLASSROOM IN DISREPAIR ALL EQUIPMENT SHALL BE MAINTAINED AND IN GOOD REPAIR.		
	'A PLALARD # 02399 ISSUED		
	BRIEFED PIC JULIA MANIBUSAN ON ABOVE		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):

1 CRV2 15PHU1